Regional Palliative Care

Plan 2006 – 2010

STRATEGIC PRIORITY REVISION

August 2006.

To be read in conjunction with (and as annexed to) North and West Palliative Care Consortium *Regional Palliative Care Plan 2006 – 2010.* Prepared by A. Hughes and L. Alexander. 2005.

North and West Metropolitan Region
PalliativeCareConsortium

EVALUATION OF REGIONAL PLAN IMPLEMENTATION

An annual review of progress towards implementation of the Regional Plan[1] was conducted in August 2006. Representatives of the consortium Management Group and other nominated organisational representatives attended the independently facilitated session.

The process included:

- An evaluation of progress towards implementation of strategic priorities to date.
- Identification of emerging issues and prioritisation of same.
- Inclusion of relevant emerging issues and potential solutions into the strategic priorities as documented in the Regional Plan.

STRATEGIES IMPLEMENTED TO JULY 2006.

An indicative selection of strategies completed to July 2006 is listed below.

	Strategic Priority	Outcomes
1	Strengthening the Resource Capacity of Palliative Care Services	▪ Establishment of consortium governance, organisational and operational structures. ▪ Resource gaps and increased client demand and acquity identified and reported to funding bodies. ▪ All new resources for hospital and community based services distributed according to regional priorities as documented in Regional Plan.
2	Providing a Range of Palliative Care Services	▪ Networks established with generalist and other providers (including establishment of Regional Advisory Group). ▪ Service models scoped, documented and regularly reviewed. ▪ Regional service systems promoted via generalist providers (via development and circulation of Regional Information Brochure.)
3	Enhancing Communication, Collaboration and Coordination	▪ Creation of information sharing tools to ensure regional organisations have access to current activities and initiatives (e.g. Clinical Connections newsletter). ▪ Scoping, planning and implementation of Service Coordination framework and roll –out of e-referral and SCTT templates. ▪ Scoping, development and implementation of standardised Palliative Care Clinical Referral.
4	Education and Training	▪ Scoping of regional education needs and collation of data. ▪ Establishment of supervision working group.

[1] North and West Palliative Care Consortium *Regional Palliative Care Plan 2006 – 2010.* Prepared by A. Hughes and L. Alexander. 2005.

	Strategic Priority	Outcomes
5	Strengthening Relationships with Generalist Service Providers	▪ Presentation of education sessions to generalist providers in the region. ▪ Divisions of General Practice engaged, informed and included in palliative care activities awareness raising activities in the region. ▪ Acute services, RACF, community and other generalist providers engaged and included in planning and awareness raising activities.
6	Improving Services for Culturally and Linguistically Diverse Communities	▪ Relationships established with relevant CALD communities in the region
7	Improving Services for the Indigenous Community	▪ Partnerships developed with indigenous groups (i.e. VACCHO, VAS) ▪ Information regarding regional services provided to indigenous communities via Indigenous Planning Day. ▪ Indigenous Focus Group established.
8	Research	▪ Liaison commenced with academic Chair's in Palliative Care
9	Establishing Linkages with Metropolitan Integrated Cancer Services	▪ Consortium representation and input on ICS governing bodies (both Western and North/East). ▪ Representation on advisory group for development of 'Superclinics"

STRATEGIC PRIORITIES ISSUES IDENTIFICATION

A number of emerging issues were identified as having potential to impact on the Regional Plan Strategic Priorities including:

	Issue	Impact	Outcome	Rating
1	Spiritual Care	• Absence of a current model of spiritual care impedes provision of holistic care. • Spiritual care is highlighted as a priority in PCA Standards, commonwealth and DHS Policy[2] • Spiritual Screening Tool development a funded project currently being undertaken by Melbourne Citymission.	• Spirituality Focus Group to be established. • Spiritual Screening Tool to be implemented.	High
2	Respite Care	• High demand and low availability of respite care (particularly bed based). • Very limited availability of day respite (particularly in home) and clients often too ill to	• Explore potential for an Outreach Interdisciplinary Team (including Nurse Practitioner/ Advanced Practice Nurse) model to work across community,	High

[2] *Strengthening palliative care – a policy for health and community care providers 2004-2009.* Victorian Department of Human Services. October 2004.

		attend out of home day respite. • Lengthy wait times for HACC services preclude access of palliative care clients.	RACF and inpatient services. • Scope applicability of Northern Health RECIPE Team model. • Explore potential for day respite for ambulatory patients to be provided via "Superclinic" model.	
3	Aged Care	• Limited access to residential care beds resulting in patients remaining in acute services when not the most therapeutic option. • Increased demand for residential care beds to support clients with longer illness trajectories (i.e. neuro-degenerative, chronic and multi system illnesses) • Staff knowledge deficits and skills variability in many RACF limit potential for implementation of "palliative approach" to care. • Staff skill mix in RACF often do not support provision of "palliative approach" to care i.e. Lack of RN Div. 1& 2 positions to support pain and symptom management needs of clients. • Length of stay limitations (often arbitrary targets set by agency) often do not support the needs of clients and carers.	• Explore Outreach Interdisciplinary Team model. • Provision of a support network for post PEPA placement participants in the region, including provision of ongoing professional development.	High.
4	Research	• Current involvement as a consortium is minimal. • Consortium currently has little knowledge of individual projects being undertaken by member organisations. • Consortium currently has little knowledge of current individual member arrangements with universities.	• Scope and create ongoing register of research activities of member organisations. • Scope and compile current arrangements and relationships with universities/ academics of member organisations.	Medium
5	Workforce/ Succession Planning	• Student rotations to palliative care currently not long enough or adequately supported. • Because of ageing nursing and general palliative care workforce, other models of care need to be explored. • Problems with the 'disappearing' RN Division 2 role. • Lack of medical registrar training positions. • Lack of resources into the Allied Health workforce	• Need for consortium to have input into DHS Workforce Planning Projects. • Explore alternate models of care (e.g. further expansion of the RN Div 2 role with less emphasis on Personal Carer's to the detriment of same) • Need for Registrar positions to be identified, even if the positions cannot be filled.	High

		• Complementary Therapies currently not funded.	• Need for development of a career path for medical and allied health staff. • Scope the role and function of Allied Health staff and current subsidisation of positions by individual organisations. • Scope potential for expansion of volunteer workforce.	
6	Bereavement care	• Lack of standardised model of bereavement support provided across region. ▪ Bereavement Risk is not always assessed and the use of Risk assessment tools not standardised. ▪ Lack of a standardised definition of bereavement support vs. bereavement counselling. ▪ Lack of standardised state-wide/ national model for providing bereavement support (e.g. volunteers provide support in some organisations, pastoral carers in others and allied or nursing in others)	• Scope level of bereavement support currently being provided across the region. • Scope the use of Bereavement Risk Assessment Tools and explore development of a standardised tool. • Develop a regional approach to defining bereavement support/ counselling. • Explore the potential for developing a regional model for bereavement services.	High

REVISION OF STRATEGIC PRIORITIES TO INCORPORATE EMERGING ISSUES.

The nine strategic priorities contained in the Regional Plan are current for the life of the plan (2006-2010). It was decided to incorporate the emerging issues into the documented priorities, therefore expanding the scope of the nine existing priorities. By doing so, this ensures that the consortium appropriately reflects the evolution of regional issues and ensures the ongoing relevance of the Regional Plan.

The importance of annually reviewing the Regional Plan, evaluating progress towards full implementation of initiatives and revising the scope of the nine documented priorities was reiterated by the consortium.

In order to support the implementation of the revised Regional Plan, the importance of gathering meaningful data to aid in the pursuit of further funding and resource allocations was emphasised, as was the following:

- **Relationship with Department of Human Services:**
  - Maintenance of an **ongoing collaborative relationship** with DHS staff (both central and regional office).
  - Representation of the consortium and **regional input** on state-wide working parties and advisory groups (particularly relating to workforce development, development of data collection and analysis tools and service models)
  - Provision to the department of data gathered and analysed in the region, to support **ongoing funding** submissions.

- **Regional scoping and data collection:**
  - Collection and analysis of data relating to **client utilisation** of and access to services in the region and across community based and inpatient palliative care services.
  - Collection and analysis of data relating to **client experiences** within the regional service system. This data to including scenarios that demonstrate improvements in outcomes as a result of the work of the consortium and also that demonstrate ongoing 'gaps' in service delivery (particularly access).
  - Documentation of **client flow** between the different parts of the health care system including home, community based palliative care, acute beds, inpatient palliative care, residential aged care etc.
  - Evaluation of SCTT implementation and the trial of the standardised Palliative Care Clinical Referral, particularly in regard to the **impact** of same **on client care**.

- **Service Model Development**
  - Documentation of **current palliative care service models** existing within the region (including the definition and description of current models).
  - Identification of **service 'gaps'** existing in the current service delivery models.
  - Exploration of potential for development of a **standardised regional service delivery model.**
  - Documentation of **innovative work practices** and improved outcomes in the region.
  - Development of a model of **Outreach Interdisciplinary Teams** to support provision of the palliative approach across the region.

INCLUSION OF EVOLVING ISSUES INTO REGIONAL PLAN

The inclusion of the documented, evolving issues into the Regional Plan are as follows, mindful that existing strategic priority initiatives are retained.

The following table is to be read in conjunction with the Regional Plan Chapter 9 Strategic Directions and the actions outlined incorporated with Chapter 10 Implementation Framework[3].

Ibid. p. 78-99

PRIORITY RANKING	STRATEGIC DIRECTIONS	TO BE INSERTED
1.	Strengthening the Resource Capacity of Palliative Care Services	• Workforce/ Succession Planning • Spiritual care • Respite care
2.	Providing a Range of Palliative Care Services	• Respite care • Aged care • Bereavement services • Spiritual care • Links with private and generalist providers. • Development of service models for interdisciplinary and across sector care.
3.	Enhancing Communication, Collaboration and Coordination	
4.	Education and Training	•
5.	Strengthening Relationships with Generalist Service Providers	• Participation in education and training to assist in the improvement of the standard of care e.g. PEPA post placement support program.
6.	Improving Services for Culturally and Linguistically Diverse Communities	
7.	Improving Services for the Indigenous Community	
8.	Research	• Establishment of regional research register. • Compilation of regional research relationship database. • Mapping of client flows throughout the regional service system. • Scoping of regional service delivery models and development of regional model of care. • Analysis of data
9.	Establishing Linkages with Metropolitan Integrated Cancer Services	

Approval by Management Group:
Date: 21st September 2006.

Signed by Chair on behalf of Management Group: